

SERFF Tracking Number: NWPA-127835064 State: Arkansas
 Filing Company: Nationwide Life and Annuity Insurance Company State Tracking Number: 50362
 Company Tracking Number: COLI-3001-F-US4, COLI APPLICATION REVISION - NWLA
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
 Product Name: COLI Application Revision - NWLA
 Project Name/Number: COLI Application Revision - NWLA/COLI Application Revision - NWLA

Filing at a Glance

Company: Nationwide Life and Annuity Insurance Company

Product Name: COLI Application Revision - NWLA SERFF Tr Num: NWPA-127835064 State: Arkansas

TOI: L08 Life - Other

SERFF Status: Closed-Approved- Closed State Tr Num: 50362

Sub-TOI: L08.000 Life - Other

Co Tr Num: COLI-3001-F-US4, COLI APPLICATION REVISION - NWLA State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Amy Burchette, Sandra Davies, Dan Gallion, Cindy Malloy, Clara Pollard, Carrie Ruhlen, Georgia Sollars, Darcy L. Spangler, Drema Wallace, Leslie Hernandez, Darcy Spangler

Disposition Date: 12/06/2011

Date Submitted: 11/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: COLI Application Revision - NWLA

Status of Filing in Domicile: Pending

Project Number: COLI Application Revision - NWLA

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 12/06/2011

State Status Changed: 12/06/2011

Deemer Date:

Created By: Carrie Ruhlen

Submitted By: Carrie Ruhlen

Corresponding Filing Tracking Number: COLI-3001-F-US4, COLI APPLICATION REVISION - NWLA

SERFF Tracking Number: NWPA-127835064 State: Arkansas
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Filing Description:

Re: COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance
NAIC #92657

Enclosed for filing, subject to your approval, is form COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance.

Revised Forms Approval Dates:

COLI-3001-E-US4 was approved 05/21/2010 via SERFF #NWPA-126637026, State Tracking #45733

The following revisions were made:

COLI-3001-F-US4:

1. Bracketed the address.
2. Changed name of Department from Corporate Insurance Markets to Nationwide Business Solutions Group.

Form COLI-3001-F-US4 has been written in a readable fashion and attains a Flesch score of 55.1.

Thank you in advance for your attention to this matter. Please call me if you have any questions on this filing.

Enclosures:

1. Certification
2. COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance

Company and Contact

Filing Contact Information

Carrie Ruhlen, Compliance Specialist
One Nationwide Plaza
1-33-102
Columbus, OH 43215

ruhlenc@nationwide.com
614-249-8042 [Phone]
614-249-1199 [FAX]

Filing Company Information

Nationwide Life and Annuity Insurance
Company
One Nationwide Plaza
1-10-03
Columbus, OH 43215

CoCode: 92657

State of Domicile: Ohio

Group Code: 140

Company Type:

Group Name:

State ID Number:

FEIN Number: 31-1000740

SERFF Tracking Number: NWPA-127835064 State: Arkansas
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(800) 882-2822 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? Yes
Fee Explanation: \$50.00 per form.
Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---|---------|----------------|---------------|
| Nationwide Life and Annuity Insurance Company | \$50.00 | 11/30/2011 | 54135466 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------|------------|----------------|
| Approved-Closed | Linda Bird | 12/06/2011 | 12/06/2011 |

| | | | |
|---------------------------------|--|-------------------------------|-----------------------------|
| <i>SERFF Tracking Number:</i> | <i>NWPA-127835064</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>Filing Company:</i> | <i>Nationwide Life and Annuity Insurance Company</i> | <i>State Tracking Number:</i> | <i>50362</i> |
| <i>Company Tracking Number:</i> | <i>COLI-3001-F-US4, COLI APPLICATION REVISION - NWLA</i> | | |
| <i>TOI:</i> | <i>L08 Life - Other</i> | <i>Sub-TOI:</i> | <i>L08.000 Life - Other</i> |
| <i>Product Name:</i> | <i>COLI Application Revision - NWLA</i> | | |
| <i>Project Name/Number:</i> | <i>COLI Application Revision - NWLA/COLI Application Revision - NWLA</i> | | |

Disposition

Disposition Date: 12/06/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| | | | |
|--------------------------|---|------------------------|----------------------|
| SERFF Tracking Number: | NWPA-127835064 | State: | Arkansas |
| Filing Company: | Nationwide Life and Annuity Insurance Company | State Tracking Number: | 50362 |
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| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---------------------|--|----------------------|---------------|
| Supporting Document | Flesch Certification | | Yes |
| Supporting Document | Application | | Yes |
| Supporting Document | Statement of Variability | | Yes |
| Form | Corporate Enrollment Form for Consent to Insurance | | Yes |

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Form Schedule

Lead Form Number: COLI-3001-F-US4

| Schedule Item Status | Form Number | Form Type | Form Name | Action | Action Specific Data | Readability | Attachment |
|----------------------|-----------------|---------------------------------------|--|---------|--|-------------|------------------------|
| | COLI-3001-F-US4 | Application/Corporate Enrollment Form | Enrollment Form for Consent to Insurance | Revised | Replaced Form #: COLI-3001-E-US4 Previous Filing #: 45733 | 55.100 | COLI-3001-F-US4 JD.pdf |



CORPORATE ENROLLMENT FORM FOR CONSENT TO INSURANCE

☐ Nationwide Life Insurance Company • ☐ Nationwide Life and Annuity Insurance Company
[Nationwide Business Solutions Group, 1-11-401 • One Nationwide Plaza, Columbus, OH 43215-2220 • 1-877-351-8808]

Section 1 PROPOSED INSURED INFORMATION

Employer: Any Corporation

Proposed Insured: John Doe Date of Birth: 02/07/65
Print Name MM/DD/YYYY

Sex: ☒ M ☐ F Social Security No: 000-00-0000 Most Recent Date of Hire: 07/01/1985
MM/DD/YYYY

Job Title: Vice President, Advertising How long have you worked in your present position? 12 years

Work Address (include zip code): One Corporation Way, Any City, Any State, 12345

Section 2 AUTHORIZATION OF INSURANCE

I acknowledge that my Employer or a Trust established by my Employer has an insurable interest in my life. I hereby consent to have the Insurance purchased on my life for the benefit of my Employer or a Trust established by my Employer. I understand that the insurance amounts may vary but the total face amount at issue of all insurance issued will not exceed \$_____. Nationwide® will determine the actual face amount that can be issued up to this maximum face amount. I acknowledge that such coverage may continue after I terminate my employment relationship with my Employer. I agree that my Employer or a Trust established by my Employer, or its appointed designee or its successor, will have all present and future rights of Ownership in the Policy/Certificate and will be both the Owner and Beneficiary of the Policy/Certificate indefinitely.

Section 3 QUESTIONS ABOUT THE PROPOSED INSURED

- | | Yes | No |
|--|-------------------------------------|-------------------------------------|
| A. 1. Are you actively at work full time at least 30 hours or more per week, at your usual place of employment and physically performing all your customary duties of your regular occupation? (If "No," give details below.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. During the past three months, have you been hospitalized or otherwise absent from work due to any illness or injury for a total of four or more days? (If "Yes," give reason and details below.)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Are you a U.S. citizen or have a permanent U.S. resident status and currently residing in the U.S.? (If "No," give details below — including Visa type, country of citizenship, and plans to become a U.S. citizen.)..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| B. Have you used tobacco or nicotine in any form within the past 12 months? (If "Yes," please provide details as to types, amounts, i.e., units per week/month, and date last used.)..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Details to questions A1 - 3 and B: _____

CAUTION: If your answers on this application are incorrect or untrue, Nationwide has the right to deny benefits or rescind your policy. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

John Doe

Signature of Proposed Insured

January 3, 2009

Date

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Supporting Document Schedules

| | Item Status: | Status Date: |
|---|--------------|-----------------|
| Satisfied - Item: Flesch Certification Comments: Attachment: AR CERT NWLA.pdf | | |

| | Item Status: | Status Date: |
|---|--------------|-----------------|
| Satisfied - Item: Application Comments: This is an application revision filing. The applications are under the Forms Tab. | | |

| | Item Status: | Status Date: |
|---|--------------|-----------------|
| Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability-US4.pdf | | |



ARKANSAS

Certificate of Compliance

Insurer Nationwide Life and Annuity Insurance Company

Form Numbers: COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance

I have reviewed or supervised the review of the above forms. To the best of my knowledge and belief, they are in compliance with the rules and requirements of Regulation 19 and 49 of the Arkansas Statute, ACA 23-80-206, ACA 23-79-138, and Bulletin 11-88.

These forms meet the Flesch readability requirements as explained in Title 23-80-206 of the Arkansas Insurance Code.

A handwritten signature in black ink, reading "James J. Rabenstine".

James J. Rabenstine
Vice President
NF Compliance
Date: 11/21/2011

**NATIONWIDE LIFE INSURANCE COMPANY
(11/2011)
STATEMENT OF VARIABILITY FOR FORMS:**

COLI-3001-F-US4, Corporate Enrollment Form For Consent to Insurance

Bracketed items in the above captioned forms indicate variability as follows:

COLI-3001-F-US4

| | |
|---|--|
| Nationwide's Business Group Name, Address, and Phone Number | Nationwide's Business Group Name, address and/or telephone information is bracketed throughout each application in case they change in the future. |
|---|--|